HOME TREATMENT

OF TUBERCULOSIS

IN

NEW YORK CITY

Jan. 8, 1906—Oct. 1, 1907

An Account of 20 months' experience of the Committee on the Prevention of Tuberculosis of the New York Charity Organization Society.

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Being a Report of the Relief Committee of the Committee on the Prevention of Tuberculosis of the New York Charity Organization Society.

March, 1908

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THE COMMITTEE'S DAY CAMP ON THE FERRYBOAT SOUTHFIELD

HOME TREATMENT OF TUBERCULOSIS IN NEW YORK CITY.

With the development of interest in the subject of tuberculosis in New York City in recent years and the accompanying increase in the number of agencies caring for the tuberculous poor, physicians and charity workers have been more and more impressed that something further was needed in the treatment of this class of the sick than had been heretofore had. While dispensaries for the treatment of tuberculosis were each year increasing in number, and clinic classes becoming larger, at the same time cases of tuberculosis referred to organizations administering relief were becoming more and more frequent. Lack of adequate funds prevented the Charity Organization Society from providing the special treatment necessary to enable it to co-operate effectively with the dispensaries in the treatment of these cases; the supplying of special diet, the making good of the wage loss resulting from the absence of the bread winner in a hospital or sanatorium, the paying of rent in lighter and better rooms, were all out of the question without the provision of special means to enable the society to meet these needs.

Accordingly, in the early part of 1906 steps were taken to raise sufficient funds to carry on this work on a large enough scale and for a sufficient length of time to make the experiment worth while. Through the generosity of eight men a fund of $20,500 was subscribed for the first year's work; of this $4,500 was renewed during the second year, with $8,496.40 secured from special funds of the society, small contributions and interest, making a total of $33,496.40 available for the work during the entire twenty months of the experiment.

ORGANIZATION OF RELIEF COMMITTEE.

To the Committee on the Prevention of Tuberculosis, to whom the administration of this fund was entrusted, it seemed that the work might best be done through a sub-committee, composed on the one hand of physicians directly responsible for the larger part of the special tuberculosis dispensary work carried on in the city, and on the other hand of such members of the Charity Organization Society as could particularly well represent the general policy of the Society in the matter of relief and charitable assistance.*

A Committee on Relief was therefore organized with the following personnel:

Dr. James Alexander Miller, Chairman, Director Bellevue Hospital Tuberculosis Clinic;

Dr. J. H. Huddleston, Visiting Physician Gouverneur Hospital;

Dr. B. H. Waters, Chief of Tuberculosis Clinics, Department of Health;

Dr. Henry L. Shively, Physician in Charge Department of Heart and Lungs, Presbyterian Hospital;

Dr. S. F. Hallock, Chairman of C. O. S. Committee on District Work;

Mr. Gaylord S. White, Member of Yorkville District Committee of C. O. S.;

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*For the benefit of those not familiar with the work of the Charity Organization Society the following statement is given of the methods employed with applicants for assistance:

In the first instance, applicants for relief are reported to the Registration Bureau. If they are found to be cases already under the care of the Association for Improving the Condition of the Poor, or Jewish cases, coming under the supervision of the United Hebrew Charities, they are referred to one or the other of those societies, which then take entire charge of the case. If they are new cases, or former C. O. S. cases, the Investigating Department makes such inquiry as is necessary, and where the need is but temporary, keeps them under care until that need has been met. If, on the other hand, the case is one requiring more or less extended treatment, it is then made a "district case" and sent for supervision, relief, if necessary, to one of the ten district offices of the Society located in various parts of Manhattan and in the Bronx.

These district offices are each in charge of a district agent, who is advised, at stated times, by her district committee. Through frequent discussions of individual cases by district agents and the officer in the Central Office having general charge of the Society's "case work," by regular weekly meetings between all agents and the General Secretary of the Society and by a Committee on District Work, meeting every two weeks and composed of representatives from district committees, the general policy of the Society is kept uniform and at the same time latitude is given to the districts to carry out such measures as they consider best fitted to the solution of their individual cases

* Mr. C. C. Carstens, Assistant Secretary of C. O. S. in charge of the case work of the Society;

†Mr. Paul Kennaday, Secretary of the Committee on the Prevention of Tuberculosis of the C. O. S.

There were later added: Dr. R. A. Fraser, Attending Physician to New York Dispensary; Dr. James C. Greenway, Chief of Clinic and Associate Attending Physician to New York Hospital; Dr. Walter L. Niles, Physician in Charge of Christ Church Tuberculosis Class; Dr. Henry S. Patterson, Chief of Clinic Department of Applied Therapeutics, Vanderbilt Clinic; Mr. W. F. Persons, Superintendent, Charity Organization Society; Dr. A. M. Shrady, Assistant Visiting Physician to Harlem Hospital.

To this Committee was turned over the relief work of the Committee on the Prevention of Tuberculosis with no restrictions other than that this fund should be used for the relief of those suffering from tuberculosis.

PLAN OF OPERATION.

Various methods for carrying on this work were open to the Committee, all containing good points and all open to some objections. It was finally decided that on the whole the best results were to be obtained through making use, as far as possible, of the agencies already at hand in the Charity Organization Society and in the tuberculosis dispensaries in the city. This decision was based upon the conviction that the treatment of tuberculosis is a municipal problem and that however large the relief fund at the Committee's disposal, the individuals to be directly benefited through financial assistance will necessarily be but a small portion of the total of those requiring such aid. For this reason the Committee felt that it should so plan its work that its influence in the treatment of particular cases would be effective on the larger problems of dispensary and charitable care of consumptives in general.

It further believed that the plan thus adopted would prevent the duplication of existing machinery, that there would be avoided the unnecessary sending of additional visitors among the con-

* Mr. Carstens resigned on December 31st, 1906.
† Mr. Kennaday resigned on November 18th, 1907.

sumptive poor, and that also the expenses of administration would thus be reduced to a minimum.

Such actual experienee as was at hand to go by—that gained in 1903, when for a short period the Committee on the Prevention of Tuberculosis took over the relief work of the Charity Organization Soeiety in families in which tuberculosis existed—seemed to show that it would be best to leave the actual relief of persons applying for aid to the usual agencies of the Soeiety, and not to try to separate the relief of the consumptive patient from the eare and continuing oversight of the consumptive's family. For, tuberculosis among the poor of the New York tenements is inextrieably bound up with accompanying conditions requiring just such eare as the Charity Organization Society is designed to give.

MEDICAL REPORT AS A BASIS.

The Committee has carried on its work in the following manner: As a basis for the consideration of a case the Committee has required a medical report showing the stage of disease, whether the patient is ambulant or in bed, what the general condition is, the patient's ability to work, the prognosis, whether extra diet is being given and the examining physieian's recommendations. These facts were reported in the following manner on a card sehedule especially prepared for this purpose.

The reports were made out by the physicians and nurses at the following dispensaries and were promptly forwarded to the Committee on Relief: The Department of Health Tuberculosis Dispensary, Bellevue Hospital, Presbyterian Hospital, Gouverneur Hospital, Harlem Hospital, New York Hospital and New York Dispensaries and the Vanderbilt Clinic.

Although in some eases reports were rceeived from other dispensaries than those represented on the Committee, yet in order to obtain, as far as possible, uniformity of standard, praetieally all cases were laid bcfore the Committee after physical examination at one or the other of thosc dispensaries which by the plan of organization were brought into very close toueh with the relief work supervised by the Committee. Too mueh labor cannot be asked from dispensary physicians already overworked, and so

C. O. S. Case No. 82737

MEDICAL REPORT FOR
TUBERCULOSIS RELIEF COMMITTEE
OF THE C. O. S.

Date Aug. 8, 1906

PLEASE INDICATE BY CHECK MARKS, NOS. 2-5.

1. Name Perry, Martha Address 513 E. 79 St.

2. Stage of Disease: I, II, III, Ambulant, Bed. Ability to work: Yes, No.

3. General Condition: Excellent, Good, Fair, Bad.

4. Conditions as compared with state first observed:

Progressive, Improved, Arrested, Apparently Cured, Cured.

5. Prognosis: Excellent, Good, Doubtful, Bad.

6. Extra diet now given by Dispensary: (per week) 2 doz. eggs, 14 qts. milk

7. Recommendations: Rest and fresh air at home

Presby. *Clinic*

H.L.S. *M. D.*

PLEASE USE CLASSIFICATION ADOPTED BY THE NAT. ASSN. FOR THE STUDY AND PREVENTION OF TUBERCULOSIS.

(OVER)

CARD USED IN REPORTING CASES FROM THE CLINICS

the report cards furnished to the dispensaries did not call for elaborate information or details of physical signs. Recommendations as to treatment were, however, by means of these reports suggested by an examining physician, who had full knowledge of the physical condition of the patient, and who was himself either a member of the Committee or was working under the immediate direction of a member. It was these recommendations which the Committee tried to carry out so far as practicable, modified as they were by the physician as he came more fully to understand the various aspects of the problems of home relief.

COMMITTEE RECOMMENDATIONS.

Once each week the Committee held a meeting at which new and old cases, sent in by different departments of the Society, came up for consideration. In going over these the Committee made recommendations as to medical treatment and relief, which as the work progressed became precedents by which the Secretary was enabled to express the Committee's opinion on many cases without laying them before the Committee itself. The number of new cases referred to the Committee, the number of cases resubmitted at frequent intervals for further advice as changing circumstances required, the general similarity of certain problems presented, the need for opportunity to discuss questions of dispensary treatment and administrative control, made this procedure necessary, and as the Secretary's recommendations were at all times subject to review and revision by the Committee, each member of which was provided with full copies of all decisions made, the plan proved satisfactory as well as expeditious. Further, the Secretary and other agents of the Society were in constant touch with each other in reaching decisions. In order to obtain relief from the Committee the advice of the Committee had to be followed by the district committees, although these departments retained full charge of the families referred to the Committee's consideration. That the Committee might be able to judge for itself whether this was being done, all cases referred to the Committee were carefully indexed on card schedules on which were written a summary of the social, housing and medical condi-

tions in each case, together with its history from the time it was referred to the Committee, as well as the Committee's decisions and the amount of money expended. Furthermore, all requisitions for funds to meet the Committee recommendations were always accompanied by the "case record," giving the full history of the case and showing just what has taken place since the last previous payment. A visitor working full time for the Committee and a visiting trained nurse working half time visited the patients. The Committee itself met once a week and had as its executive, in constant touch with the situation, a secretary who had general supervision and an assistant whose whole time was devoted to the work.

GENERAL SCOPE OF RELIEF.

Underlying the Committee's recommendations for the treatment of individual cases have run two main ideas; the one, that hopeful cases should be directly aided by the best treatment practicable; the other, that the consumptive's family should be protected against infection, and that this could best be accomplished by segregation in a hospital or a country sanatorium. In the case of most of the second stage cases with unfavorable prognosis, and in nearly all third stage cases the Committee has advised hospital treatment and has stood ready to care for the patient's family if the advice were followed. For, it should be borne in mind that even the scanty and occasional earnings of a consumptive are important to many a poor family, and often objection to hospital care is raised for this reason by father, mother, husband or wife, even though the bread-winning power of the patient has been reduced to the lowest point, if not, indeed, entirely taken away by sickness. In certain exceptional instances, even in this apparently hopeless class, it has been found impracticable to advise hospital treatment; for instance, where a sick mother was needed to keep together a large family depending upon her guiding care. In such cases pains were taken to reduce the danger of infection to a minimum by insisting upon a separate room for the sick one and by frequent visits on the part of the nurse.

Surname	Man's First Name	Birthplace	Yrs. in U.S.	Yrs. in N.Y.	Church	Estimated Income per week for last year	C.O.S. Case No.
Perry	(dead)						82737

Date application to C.P.T.	C.P.T. No	Woman's First Name					C.O.S. District
March 20, 1906	73	Martha	U.S.	life	5 yrs.	R.C.	$8.00 — Yorkville

Address	Rooms	Location	Rent	Cleanliness	Repair	Air-space cubic feet	Number dark rooms
513 East 79th St.	3	tofs	12.00	Clean	O.K	—	none

Members of Family	Yr. born	Occupation or School	Health	Income	Insurance
Man					
Woman	1873	Seamstress	Ib.	—	—
Children at home	1893	P. Sch.			
Others in household					

Relief	Name of Organization	Kind	Amount

Kind of Manufacture: none

Source of Infection: —

Patient's Habits
1. Alcohol: no
2. Cleanliness: good

Medical Report (First Date) Mch. 30, 1906

Stage of disease: Incipient
General condition: good
Ambulant or bed: amb.
Ability to work: no
Prognosis: good
Precautions observed: yes
Previous treatment: —
Extra diet now given: no
Recommendations: Removal to country

H.L.S.
Res. Hosp.

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GENERAL RECORD CARD

DATE 1906	HISTORY	COMMITTEE DECISIONS		RELIEF GIVEN			RECEIVED FROM DISTRICT	SENT TO DISTRICT
		DATE 1906	DECISIONS	DATE	KIND	AMOUNT		
Mch. 20	Case referred by Dr. H. L. S.	Apr. 4	That woman stop	Apr. 5	Rent	12 00		
Apr. 6	Woman stops work		work and wage loss	" 7	Wage loss	5 00		
June 5	Woman sent to country		be paid to the amount	" 14	" "	5 00		
	for 2 months		of 5.00 per week, and	" 21	" "	5 00		
Aug. 5	Woman returns		that rent be paid	" 28	" "	5 00		
	from country -	June 1	That woman be	May 1	Rent	12 00		
Dec. 5	Woman returns to		sent to country for	" 5	"	5 00		
	work		2 months.	" 12	"	5 00		
		Nov. 27	That woman re-	" 19	"	5 00		
			turn to work, and	" 26	"	5 00		
			supervision in home	June 2	"	5 00		
			be continued.	" 5	Transp. + clothing	11 75		
				" 6	Board 1 month	28 00		
				July 6	" "	28 00		
				Aug. 7	Rent	12 00		
				" 12	Wage loss	5 00		
				" 19	" "	5 00		
				" 26	" "	5 00		

REVERSE SIDE OF GENERAL RECORD CARD

Too frequently, however, nothing will induce a bed-ridden patient to follow the Committee's advice and the urging of the district agent to enter a hospital. Dread of hospital, pride against becoming a public charge, reports of the bad accommodations and the low moral character of many of the patients at some hospitals, all this stands in the way. For such objectors the Committee did not feel that it could go beyond advice as to what was regarded as the proper treatment and the offer of assistance if this advice were followed. These cases were, therefore, "closed" as Committee cases, and left in charge of the proper agencies of the Charity Organization Society and of the inspecting force of the Department of Health.

FORMS OF RELIEF.

While it has not been necessary to reject many cases, certain subjects have been withdrawn from consideration as being obviously inappropriate for treatment; in so doing, only the broadest lines have been followed; hopeless third-stage cases, chronic alcoholics, and the persistently incorrigible have been practically the only subjects rejected. Some families have been self-supporting, and have not needed relief, but only advice and direction. A few non-tuberculous cases were referred to the Committee, but naturally were not treated. During the Committee's twenty months' work, 257 cases were excluded for the following reasons: Hospital cases not needing home relief, 157; families self-supporting, not needing relief, 34; not tuberculous, 24; refused to follow Committee's directions, 24; supported by other relief funds, 12; moved away from the city, 6. The Committee has administered relief in one form or another during the period of its work to 355 different patients and their families; of these 166 were males and 189 females; while in these families there were 762 children 16 years of age and under.

The relief given has been in many different ways. Money frequently has been given to make up the loss to the family of the patient's wages, while he has abstained from work or gone to a hospital or sanatorium for treatment; rent has frequently been paid, especially for more expensive quarters where light and air could be obtained; special diet of milk and eggs have been

furnished; clothing and bedding have been supplied; special employment suited to the patient's needs has been obtained; and, in a word, all things done that could help the patient to recovery or prevent the members of his family from becoming infected.

That suitable cases might leave their families to enter hospitals or sanatoria, there has been given to 31 persons relief amounting to $2,238.76 in the form of "wage loss," to make up the wages lost by the consumptive through ceasing work in pursuance of advice given.

Twenty-five other families have been moved into better rooms, the Committee paying moving expenses and excess of the new rent over the old, or all of the new rent, as the case might be.

Rent has been paid for 81 others in their former apartments, where these rooms were suitable and where also there was a separate room for the consumptive.

For 22 others beds have been supplied so that the patient might have a separate bed in a separate room.

Special diet, usually in the form of milk and eggs, has been provided in 154 cases, where the residence of the patient was so far removed from a dispensary or diet kitchen station that the patient was thus practically cut off from this needed form of treatment at these agencies, or where it could not be secured through them.

Clothing has been supplied to 75 patients and sometimes to their families and was a regular method of relief by the Committee in cases going to hospitals and sanatoria.

Through the aid of the Committee on Employment for the Handicapped several consumptives have been provided with employment of a character that seemed suited to their physical condition, such as doorkeepers, messengers, newsdealers, handy men, etc.

Ten patients have been maintained in whole or in part at pay sanatoria at a cost of $1,451.43 for periods averaging from 1½ to 9 months. This was done because such treatment, though expensive, seemed the only method open of effectually returning these patients to wage-earning power, and the refusal to give such treatment seemed likely to lead to unavoidable physical decline along with the possibility of infection to others of the patient's family.

C. O. S. Case No. 82737

NURSE'S REPORT FOR
TUBERCULOSIS RELIEF COMMITTEE
OF THE C. O. S.

Yorkville District.

Name Perry, Martha Address 513 East 79 St. Date April 3, 1906

Housing: Character of house, Tenement. No. light rooms, 1 No. dark rooms, 0 No. air shaft rooms, 2

Ventilation: good, ~~fair~~, ~~poor~~ Condition of home: clean, ~~neglected~~, ~~dirty~~.

Character of industry done in apartment. None bath, No

Conditions for patient: Location of room, North No. windows, 2 sunlight: Yes, ~~No~~

Separate room: Yes, ~~No~~ Character of room: light, ~~dark~~, ~~airshaft~~. Separate bed: Yes, ~~No~~.

Roof, Recreation Pier, Park, available: Park and Roof

Habits of patient: cleanly, ~~careless~~, ~~dirty~~. Care of Sputum: Yes, ~~No~~ Alcoholic: Yes, ~~No~~.

Present employment, Sewing hours, 3-7 effect, good

Employment when illness began, Laundry hours in bed, 8 hours out of doors, 2

Other exercise, None effect, —

Attendance at clinic: Yes, ~~No~~. Regularly: Yes, ~~No~~. How often: 1 in 2 weeks

Remarks: OK for home treatment

J.A.A., Nurse

NURSE'S CARD FOR REPORTING THE HOME CONDITIONS

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Thirty-seven other patients, through the instrumentality of the Committee, were sent to the New York State Sanatorium for Incipient Tuberculosis at Ray Brook, to the Municipal Sanatorium at Otisville and to private sanatoria as free patients, and provided with clothing or such other assistance as was necessary. In one of these cases, a young girl of 17 years, whose parents were continually insisting on her working to add to the small family income, the family was prevailed upon to let her stay at the sanatorium for six months by the payment to them each week of $5, the amount that the girl was earning before taken out of work by friends who brought the case to the Committee's attention. In another case the mother of five children was enabled to go to this same institution in the Adirondacks after her children had been sent to a reliable home in the country, where their board was paid by the Committee for five months.

Seventy patients have been sent to the country for stays varying from one week to five months and lasting in 33 cases for three months or more, in 25 cases for two months and a fraction, in 9 cases for one month or one month and a fraction, in 2 cases for one-half a month, and in 1 case for one week. This has cost $5,417.61.

RESULTS OBTAINED.

While a full understanding of the results obtained from the Committee's work can be best had from a study of the detailed tables accompanying this report, the following synopses of a few case records throw much light on this whole subject:

> A widow with four children was forced to receive aid when her eldest boy, the main bread-winner of the family, was compelled to give up his work on account of tuberculosis. The Committee paid his wage loss while he took the cure at Otisville Sanatorium. An examination of the other members of the family revealed that two of the children were in the early stages of the disease. The pension in the home was increased and these two were sent to Ray Brook. The mother bore up bravely under her misfortunes and after a few months the family was reunited and the two boys resumed their work.

A young girl 20 years of age who, with her sister, was the main support of a feeble grandmother, after remaining a short while in one of the city hospitals, was referred to the Committee for charitable assistance. She was sent into the country for three months at the Committee's expense and returned in excellent condition, having gained 20 pounds. A suitable position was soon secured for her and the family was put on an independent basis.

A young man, 25 years of age, with a wife and one small child, presented quite a problem, after having refused treatment in a sanatorium because there were "too many sick people there" and after giving up several positions in the city. For nearly a year his rent was paid and food was supplied to the family. At last a position was secured for him in the country, where he established himself and later moved his wife and child, becoming independent of any charitable assistance.

A father, 53 years of age, suffering with advanced tuberculosis, filthy in person, living with a wife and nine children in three small, dirty rooms, was a dangerous source of infection when the case came to the Committee's notice. When persuasion failed to induce the man to enter a hospital, the law was appealed to and the man was forcibly removed to Riverside Sanatorium. The wage loss of the wife, now forced to give up her work to care for the children, was made up by the Committee and the rent was paid. The man's removal was the family's redemption. The whole tone of the household was elevated and at the end of ten months, though the woman was faithful in visiting "her man" at the hospital, she would not listen for a moment to his entreaties to return home.

A widow with two children, unable to do a full amount of work and yet unwilling to have her home broken up, that she might go into a hospital, was paid three days' wage loss each week, which enabled her to take "the cure" at home. During the summer she spent at least three days a week at the camp, improving steadily, and when the Committee's work ceased she was quite ready to resume the full support of her family.

A young woman, 24 years of age, living with distant relatives, who were unwilling to keep her longer unless she could work and pay her way, was forced in her extremity to apply for assistance. When she first came under the Society's care, she had been rejected by one of the sanatoria as an unsuitable case for sanatorium treatment. Her board was paid, milk and eggs were supplied, the home was frequently visited by an experienced nurse, the girl attended clinic regularly each week and was so improved at the end of three months that a position was secured for her as a domestic at the Municipal Sanatorium at Otisville.

A young man, 22 years of age, boarding with friends, was forced to give up his work on account of tuberculosis and was referred by one of the clinics to the day camp. After eight weeks' treatment there, during which time the Committee paid his wage loss, he was so improved as to be able to resume his work as street car conductor.

A young girl, 21 years of age, broken down through hard work in a tobacco factory and suffering with tuberculosis in the incipient form, was referred by one of the clinics to spend her vacation of one week at the day camp. She was persuaded to continue treatment, the Committee paying her wage loss, and after fourteen weeks, having gained twelve pounds, she was so improved that she could not be persuaded to remain longer at the camp.

The Committee's main activities have been in five directions—Home Treatment; the Day Camp; Country Treatment; Sanatorium Treatment; and the Establishment of a Proper System of Tuberculosis Dispensaries:

HOME TREATMENT.

For the hundreds who either will not or cannot go to a hospital or sanatorium, home treatment is essential. Here, notwithstanding the limitations under which we are working in New York City, everything possible must be done for the patient

to restore him to his position as a useful member of society, and more especially to protect the members of his family and of the other families living in close proximity to him, from the disease. Here, too, must the patient be taught those essentials as to the nature of his disease, and the means of combating it which ordinarily would be learned in the sanatorium.

The Committee during the period of its activity has administered Home Relief to 127 families; that is, the patients were treated not in hospitals, sanatorium, or day camps, but exclusively in their own homes.

In every case efforts were made to secure the most sanitary, wholesome and propitious living conditions for the patient. The sunniest and airiest room was always reserved for him, a separate bed was considered essential and a separate room was the rule with but few exceptions. In a word, everything affecting the life of the patient was carefully supervised—from the social side by the districts of the Charity Organization Society, from the medical side by the nurses and physicians of the special tuberculosis clinics—and the life of the patient brought to as high a degree of regularity as the conditions and circumstances permitted.

The following table shows the results obtained from this method, so far as it is possible to state statistically the results of such treatment:

TABLE I.

Home Treatment—127 Cases.

Results Obtained	Condition at Beginning									Total	Percentage
	35 Incipient			80 Moderately Advanced			12 Far Advanced				
	Good	Fair	Poor	Good	Fair	Poor	Good	Fair	Poor		
Apparently cured	2				1					3	2
Arrested	8	1	1	4	3					17	13
Improved	7	4		12	19	2		1		45	36
Progressive	8	4		9	26	4		5	6	62	49
Total	25	9	1	25	49	6		6	6	127	100

C. O. S. Case No.
82737

MEDICAL RECORD FOR
TUBERCULOSIS RELIEF COMMITTEE
OF THE C. O. S.

Yorkville District

Name Perry, Martha

Address 513 East 79 St.

Date	Mch. 30, '06	Aug. 8, '06	Nov. 23 '06			
1. Stage of Disease	Incipient	Incipient	—			
2. Ambulant or bed	Amb.	Amb	Amb			
3. Ability to work	No	Slight	Yes			
4. General condition	good	good	good			
(1) As compared with 1st exam.	—	Improved	Arrested			
5. Prognosis	good	good	good			
6. Extra diet given by Dispensary	no	yes	yes			
(1) Amount per week	0	2 doz. Eggs, 14 qts m	2 doz. Eggs, 14 qts m			
7. Recommendations	Removal to Country	Rest and fresh air at home	Suitable employment + home supervision.			
Physician	H.L.S.	H.L.S.	H.L.S.			
Clinic	Presby.	Presby.	Presby.			

CARD FOR KEEPING RECORD OF MEDICAL REPORTS

It appears from this table that with the 127 patients treated exclusively in their homes, excellent results have on the whole been obtained, in view of the obstacles that exist to this method of treatment. For instance, out of 35 incipient cases thus treated, in but 12 or 34 per cent. did the disease progress, while in 23 cases or 66 per cent. the patient's condition materially improved.

Of the 80 cases originally diagnosed as "moderately advanced," such favorable results naturally could not be expected, yet even here good results have been achieved. In but 39 cases or 49 per cent. did the disease progress, while in 41 cases or 51 per cent. the patient's condition improved. In the 12 cases originally diagnosed as "far advanced," the story is of course different; of these but one case improved.

Of the total 127 cases, considered irrespective of their original condition, in 62 cases or 49 per cent. the disease progressed, while in 65 or 51 per cent. the patients improved.

The cost of securing these results has been $12,907.34. This has been for a total of 4,343 weeks. The average treatment per patient has been for 34 weeks, the total cost per patient, $101.63, and the average cost per patient but $2.97 per week. In this connection it should be remembered that this cost includes not only the money spent specifically for the patient, but that spent for the family as well.

THE DAY CAMP

The experience of others pointed out the "day camp" as an essential part of any adequate scheme of home relief for consumptives. Various plans were considered by the Committee; vacant lots in the Bronx, a part of Blackwell's Island, unused corners of some of the far uptown parks, hospital roofs, boats and recreation piers and finally one of the old Staten Island ferryboats that since the building of the new ferryboats by the city had been lying idle at one of the North River piers. Through the courtesy of Hon. John A. Bensel, Commissioner of Docks and Ferries, the "Southfield" was thus put at the Committee's disposal free of all expense and with the privilege of making such minor alterations and repairs as were necessary for the new and strange use to

which the old boat was to be put. Moored at the end of the dock at the foot of West Sixteenth Street, in the Hudson River, exposed to the cool summer river breezes, with constantly shifting scenes furnished by the passing river craft, the decks of the "Southfield," liberally supplied with steamer chairs and hammocks, gave relief from the stifling heat of the tenements to many a poor consumptive who could not go to a sanitorium because too sick or because needed at home. From every point of view, health, happiness, comfort and economy, the boat has been a success. It received only those sent by the associated dispensaries, paying carfares for those whom investigation by relief societies showed to be too poor to pay these themselves; it gave them an abundance of milk and eggs and bread and butter, adding to this in the last month and a half, a simple cooked dinner. Every patient was carefully watched by the Committee's efficient nurse, Mrs. Helen Smith; their temperature was taken twice a day and their weight and pulse every morning. This care, added to such advice as the visiting physician might give in individual cases or as the examining dispensary physician might have noted on the patient's record card when sending him to the boat, furnished satisfactory medical oversight.

While the general success of the camp may be thus almost unqualifiedly commended, the attendance was regrettably small. The camp was opened on June 13, 1907, and closed on October 31, 1907. Out of 242 different patients who presented themselves at one time or another during the 141 days in which the camp was in operation, only 87 attended for 20 days or more. The average daily attendance at the camp was 39.4—a very small figure when we consider that there were accommodations for at least 100 patients and that the Manhattan tenements hold 30,000 tuberculous patients, a large number of whom might have availed themselves of the privilege of the camp. The meagre attendance is at least partly explained by the fact that this was the initial year of the work and the camp had established no prestige which would appeal to health seekers who must limit their search to the City of New York. This, however, is probably the least reason to which we may appeal in explanation of why 242 patients, who for at least a few hours tested the merit of the "Southfield," did

not make a better showing of attendance. Some found it impossible to make the long journey, either from the upper east side or the upper west side or from the lower east side, and some living in the Bronx found, of course, the same difficulty—a reason for the establishment of a number of camps which would be readily accessible to the various crowded tenement sections. Some had duties at home which made more than a very occasional attendance impossible; they consequently never contracted the habit of coming—a reason for providing in connection with the camp for the home relief and home supervision of all those who attend. Quite a number, through one agency or another, found their way to the country for the summer months and not a few through their association with the camp secured admission to Ray Brook or Otisville Sanatoria and were transferred there. A few suffered from seasickness on board the "Southfield" and preferred to try the parks and roofs. The rest may be classified as those who for no apparent reason simply did not care to come.

The camp was open Sundays as well as week days, and while the attendance was unusually small on those days, the number of Sundays as compared with the other days was so few, that it made no considerable difference in the average attendance. The average attendance on Sundays was 24.4, the average attendance on week days was 41.9, the general average attendance was 39.4.

TABLE II.

Day Camp—Results with 87 Patients for 20 Days or More.

Results Obtained	Condition on Admission									Total	Percentage
	27 Incipient			47 Moderately Advanced			13 Far Advanced				
	Good	Fair	Poor	Good	Fair	Poor	Good	Fair	Poor		
Improved	17	4		8	23	3		1	4	60	69
Progressive	5	1		1	8	4	2	4	2	27	31
Total	22	5		9	31	7	2	5	6	87	100

It appears from this table that of the 87 patients who came to the day camp for 20 days or more, very satisfactory results

have been secured. Out of 27 incipient cases there treated in but 6 or 22 per cent. did the disease progress, while in 21 cases or 78 per cent. the patient's condition improved.

Of the 47 cases originally diagnosed as "moderately advanced," but 13 or only 27 per cent. progressed while 34 or 72 per cent. improved.

Even among the cases diagnosed as "far advanced," good results were obtained; out of 13 cases of this kind but 8 were progressive, while 5 of them improved.

The following summary of the results of the day camp treatment and the cost of running the camp with other details is of interest:

* Summary of 87 Cases Who Attended 20 Days or More.

General Condition.		
Improved	60	69%
Progressive	27	31%
Weight.		
Gain	66	
Loss	19	
Stationary	2	
General Statistics of Day Camp.		
Total number of days open		141
Total number of patients treated—		
Male	144	
Female	98	
Number of cases who attended 20 days or more during season		87
Male	49	
Female	38	
Total number of attendances		5,567
Average attendance per day		39.4
Average attendance on Sundays		24.4
Average attendance on week days		41.9
Maximum attendance		70
Total cost		$2,790.21
Equipment—		
Supplies		$515.82
Wages		51.56
Total		$567.38

*It may be interesting to note that of these 87 cases treated at the day camp for 20 days or more, 20 improved as to their pulmonary condition; 50 were stationary and only 17 progressed.

Maintenance—	
Supplies	474.50
Medical Supplies	32.51
Wages	806.13
Contingent	25.00
Milk, eggs	686.19
Washing	16.75
Carfares	181.75
Total	$2,222.83
Total cost per day	15.76
Total cost per patient	56.41
Total cost per patient per day	.40

A comparison of the results obtained with the 87 day camp patients and the 127 cases treated at home, is of interest.

Out of 127 cases treated exclusively in their homes, 65 improved, and in 62 the disease progressed. Out of 87 cases treated at the camp 60 improved, in 27 the disease progressed. That is, 69 per cent. improved under camp treatment as against 51 per cent. improved under home treatment.

COMBINED TREATMENT—HOME AND DAY CAMP.

Out of 87 patients treated at the day camp for a period of 20 days or more, there were 12 who received relief and supervision in their homes by this Committee. In each instance these patients came to us originally because they had been referred to the camp by the clinics, and were able to attend the camp because of the relief which was given them in their homes. Although the number of cases treated both at home and at the camp is very small, it is added here for the comparison with the figures of the two methods taken separately.

Table III.

Combined Day Camp and Home Treatment—12 Cases.

Results Obtained	CONDITION ON ADMISSION										
	4 Incipient			8 Moderately Advanced			12 Total			Total	Percentage
	Good	Fair	Poor	Good	Fair	Poor	Good	Fair	Poor		
Improved	3				4	2	3	4	2	9	75
Progressive	1					2	1		2	3	25
Total	4				4	4	4	4	4	12	100

Out of 12 cases of this combined treatment 9 improved and in 3 the disease progressed, a per cent. of 75 improved under combined treatment.

Cost of Home Relief of 12 Patients Who Attended Day Camp.

Total number of weeks	113
Total amount expended	$434.75
Average length of treatment in weeks per patient	9.4
Average cost per patient	$36.23
Average cost per patient per week	3.84

The statement of expenses given above in connection with the 12 day camp patients refers only to the amount expended in the home in behalf of these patients. In order to know the total amount expended in behalf of these 12 patients, we must add to the above cost $303.95, which is the *pro rata* cost for their camp treatment. Assuming that the results obtained in treating even so small a group of patients is of some value, the figures show that a patient may be given the advantages of day camp treatment and at the same time adequate home care at a cost of $6.53 per week. The number of cases treated at home and at the same time attending the day camp is hardly large enough to be very valuable for purposes of comparison, but it may be noted in passing that 75 per cent. of those so treated improved as against 51 per cent. improved of those who did not have the advantages of the camp life.

It may also be of value in considering the percentages of improved cases to compare also the average cost of treatment:

The average cost per patient per week for home treatment	$2.97
The average cost per patient per week for day camp treatment	2.80
The average cost per patient per week for combined treatment	6.53

SANATORIUM TREATMENT.

As must naturally be expected, both because of a more careful selection of cases and because of better facilities, the sanatorium

cases show greater improvement than those treated at home. The following table shows the results with 47 cases treated at sanatoria:

TABLE IV.

Sanatorium Treatment of 47 Cases.

Results Obtained	CONDITION ON ADMISSION										
	26 Incipient			21 Moderately Advanced			Total			Total	Percentage
	Good	Fair	Poor	Good	Fair	Poor	Good	Fair	Poor		
Apparently cured.	8	3		1			9	3		12	25
Arrested.....	3	1			1	2	3	2	2	7	15
Improved.....	8	2		6	3	1	14	5	1	20	43
Progressive.....	1			3	4		4	4		8	17
Total.....	20	6		10	8	3	30	14	3	47	100

It appears from this table that out of 47 cases treated at sanatoria 39 cases or 83 per cent. improved, while in 8 cases or 17 per cent. the disease progressed. The cost to the Committee in this instance, with the exception of the amount expended for 10 pay patients and that expended for outfits and transportation, went to the families of the patients in their absence at the sanatorium and was as follows:

Cost of Treating 47 Cases in Sanatoria.

Total number of weeks.....	1,116
Amount expended.....	$3,849.50
Average length of treatment in weeks per patient....	21.6
Average cost per patient.....	$81.90
Average cost per patient per week.....	$3.45

Of these 47 cases, 37 were treated in public sanatoria, or in free beds in private institutions; the other 10 were maintained wholly or in part at private sanatoria for 227 weeks at a cost of $1,451.43. Deducting this from the above figures, the amount actually expended in the homes of patients cared for in sanatoria is as follows:

Amount of Relief Required in Homes of 37 Patients in Order that They Might Be Treated at Public Sanatoria.

Total number of weeks	889
Total cost	$2,398.07
Average length of treatment in weeks per patient	24
Average cost per patient	$64.81
Average cost per week per patient	$2.69

It will be noticed by comparison that the cost of home treatment is very nearly the same as the amount of relief required in the homes of patients in order that they may receive treatment at free sanatoria. This amount, of course, represents the cost to the Committee that makes sanatorium treatment possible and does not include the cost of treating the patient at the institution. Comparing the results obtained by sanatorium treatment with the results obtained through treatment exclusively in the home, it appears that by the former method 83 per cent. of the cases "improved," while under home treatment but 51 per cent. improved.

Under sanatorium treatment, in but 17 per cent. of the cases the disease progressed, while under home treatment the number of progressive cases was 49 per cent.

TREATMENT IN THE COUNTRY.

Many physicians, as well as charitable persons and interested friends, and nearly always the sufferers themselves, seem to consider that once the city consumptive is taken from his overcrowded tenement and placed in the country the problem is solved. Often it is thereby merely made more complicated. On the other hand, undoubtedly there are many consumptives who will profit greatly by a carefully supervised residence in the country.

In the year 1906 the Committee decided to send to the country such patients as, in its opinion, were suitable for this kind of treatment. For the most part they were first-stage cases, with good or fair general condition, well instructed, and willing and anxious to follow advice as to treatment and mode of life. They were all patients whose clinic physicians had recommended the

country and whose condition was such that an arrest of the disease, or at least a material prolongation of life, might reasonably be looked forward to if they could be taken away from their tenement homes during the hot summer months, always a critical period for the consumptive.

The first step in planning for this country care of consumptives was to send letters to some 600 boarding-house keepers and farmers living in places within 140 miles radius of the city, asking if they would furnish separate, well-ventilated rooms and give good, wholesome, plain food to a few consumptives whom the Committee desired to maintain in the country during the summer. Of those who were willing and seeming able to offer proper accommodations such were selected as charged not more than $6 a week, exclusive of laundry. These were visited by the Agent of the Society's Committee on Employment for the Handicapped, who took notes as to the situation of houses, location of rooms, food and apparent characteristics of boarding-house keepers, and also made observations on the opportunities for employment. In this manner, after twelve days spent in driving around the country looking up addresses furnished to him, reports were submitted on 28 houses, from which were selected as suitable, 10 houses with accommodations for about 60 patients. The next thing was to secure a competent physician who would regularly call upon the cases to make physical examinations, watch for the infraction of rules laid down, reiterate recommendations as to disposal of sputum, and generally give medical care and oversight and hear and determine complaints. Dr. P. E. Garlock, who, under Dr. Miller, of the Committee, and others, had had previous training in the diagnosis and treatment of tuberculosis as resident physician at Seton Hospital among the very class of consumptives with whom, for the most part, the Committee was dealing, was selected to do this work, and it was due in no small degree to his judgment and skill that the summer's experiment was carried through with such benefit to the patients and satisfaction to the Committee.

Of the 70 patients sent to the country, 16 were children, and were cared for in various places already favorably known to the Charity Organization Society, and were not visited by the Committee's physician during their country stay. Of the remaining

54 adults, 50 were under medical supervision while in the country. As to the 48 who remained in the country from one to five months the following table shows the results of this form of treatment:

TABLE V.

Country Treatment—48 Cases, Treated from One to Five Months.

Results Obtained	CONDITION AT BEGINNING										
	10 Incipient			38 Moderately Advanced			48 Total			Total	Percentage
	Good	Fair	Poor	Good	Fair	Poor	Good	Fair	Poor		
Arrested	3	1		1	3		4	4		8	17
Improved	6			13	8	1	19	8	1	28	58
Progressive				3	9		3	9		12	25
Total	9	1		17	20	1	26	21	1	48	100

It appears from this table that out of 48 cases thus treated in the country, out of 10 incipient cases all improved, and out of 38 "moderately advanced" cases in but 12 or 31 per cent. did the disease progress—and out of the total 48 cases in but 12 or 25 per cent. did the disease progress, while in 36 or 75 per cent. the patients improved.

The cost of this treatment and the detailed facts connected with the experiment are as follows:

Cost of Country Treatment.

Number of children treated in country	16		
Number of adults treated in country	54		
	—	70	
Total number of weeks		821	
Total cost			$5,417.61
Average number of weeks per patient		11.5	
Average cost per patient			77.39
Average cost per week per patient			6.59

This total amount and the averages include seven cases in which

a small amount of relief ($144.38) was given in the home during the patients' stay in the country.

Children.

Number of children	16	
Total number of weeks	234	
Total cost		$793.56
Average number of weeks per child	14.6	
Average cost per child		49.59
Average cost per week per child		3.39

Adults.

Number of adults	54	
Total number of weeks	587	
Total cost		$4,623.95
Average number of weeks per patient	10.8	
Average cost per patient		85.62
Average cost per week per patient		7.78

A large majority of these patients have come back to the city improved in health, hopeful and realizing the value of fresh air, quiet, rest and food, knowing how to protect their families against infection, and determined to do their part in the long struggle toward health. It is, however, the Committee's opinion that ordinarily only a small number of those suffering from tuberculosis and seeking charitable assistance are fitted for residence in the country, and that of these a very much smaller number may safely take such form of treatment without medical supervision.

TABLE VI.

Comparative Results from Various Methods of Treatment.

Results Obtained	127 Home	87 Day Camp	12 Combined	47 Sanatorium	48 Country
	Percentage	Percentage	Percentage.	Percentage	Percentage
Improved	51	69	75	83	75
Progressive	49	31	25	17	25

A SYSTEM OF TUBERCULOSIS DISPENSARIES.

One of the most important results that has grown out of the Committee's work has been the establishment of a system of tuberculosis dispensaries in New York City. It has been the natural result of the coming together once a week in the Conferences of the Committee, of the physicians representing all of the public tuberculosis dispensaries and the largest private ones in the city.

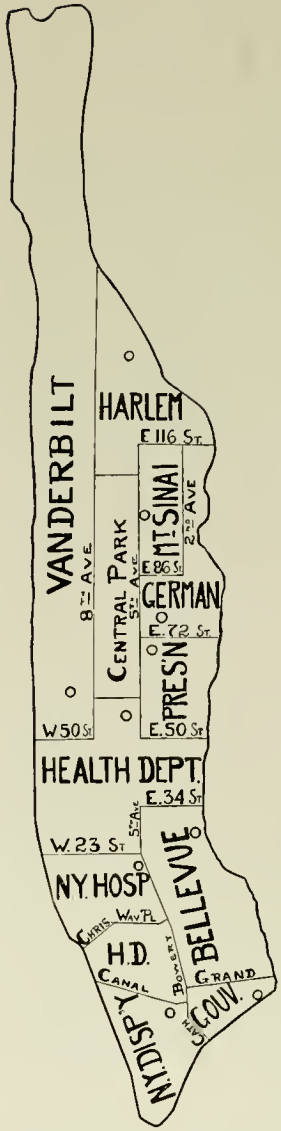
In this way there has been put into effect a dispensary district plan designed to give more prolonged and satisfactory observation and treatment at each dispensary, to simplify the work of visiting patients in their homes and to put a stop to the practice, more or less common on the part of patients, of attending for short periods one clinic after another. Having in mind the location of the dispensaries represented on the Committee, the density of the neighboring population and the number of patients being treated at each, the city was divided into appropriate districts and apportioned among the following clinics: Department of Health Clinic, Bellevue, Gouverneur, Harlem and Presbyterian Hospitals Dispensaries.

It was agreed on behalf of the above named dispensaries to pursue in general the following plan for the treatment of cases of tuberculosis calling at these dispensaries for treatment:

(a) In case of new applicants, only such shall be treated at the dispensary applied to as are living within the district assigned to such dispensary.

(b) In case of new applicants living outside of the dispensary district wherein they seek dispensary care, they shall be refused treatment at such dispensary of original application, and shall be referred by card to the dispensary assigned to the district of their residence.

(c) Old cases already in attendance at these dispensaries shall be continued under such treatment without reference to their place of residence.



MANHATTAN.

NOTE.—Manhattan applicants for examination or treatment should apply at the dispensary in the district in which they live. The dispensary districts are shown on the map.

DISPENSARIES.

DEPARTMENT OF HEALTH,
55th St. and 6th Ave.,
Week days 10 A. M. to 4 P. M.
Mon., Wed., Fri., 8 to 9 P. M.

BELLEVUE HOSPITAL DISPENSARY,
Foot of East 26th St.,
Week days 1 to 3 P. M.

GOUVERNEUR HOSPITAL DISPENSARY,
Gouverneur Slip,
Mon., Wed., Fri., 2 to 4 P. M.

PRESBYTERIAN HOSPITAL DISPENSARY,
70th St. and Madison Ave.,
Mon., Wed., Fri., 1.30 to 3 P. M.

HARLEM HOSPITAL DISPENSARY,
136th St. and Lenox Ave.,
Week days 3 to 4 P. M.

VANDERBILT CLINIC,
60th St. and Amsterdam Ave.,
Week days 2 to 3 P. M.
Mon., Wed., Fri., 9 to 10.30 A. M.

NEW YORK DISPENSARY,
137 Center St.,
Week days 11 A. M. to 12.30 P. M.

NEW YORK HOSPITAL DISPENSARY,
8 West 16th St.,
Week days 2 to 4 P. M.

MT. SINAI HOSPITAL DISPENSARY,
Madison Ave. and 100th St.,
Week days 10 to 11 A. M.

GERMAN HOSPITAL DISPENSARY,
76th St. and Park Ave.,
Week days 2 to 4 P. M.

HEALTH DEPARTMENT, BRONX,
3d Avenue and St. Paul's Place,
Week days 2 to 4 P. M.

The Clinics and Districts of the Association of Tuberculosis Clinics—An Outgrowth of the Committee's Work.

Since the beginning of this plan it has been further extended to take in Vanderbilt Clinic, New York Dispensary and New York Hospital Dispensary, and at present a number of other dispensaries have under consideration the Committee's invitation to join the group of "The Association of Tuberculosis Clinics," as these dispensaries are now called. The requirements for admission are that the dispensary shall agree to treat only applicants living within the district which by mutual consent may be apportioned to it, that patients shall be regularly visited in their homes, and that a representative of the dispensary shall be appointed as a delegate to attend the meetings of the Association. The experience of those who have already been members of this group for twelve months proves that the system is simple and effective, that it gives the physician a better knowledge of his patient than he had before, that it makes attendance of patients more regular and is a great time saver to the nurse, that it is easier and more satisfactory to the patient and that far from reducing the number of cases which will be available for teaching purposes, it increases this number. As a matter of fact, the attendance at the clinics as a whole has been considerably increased since the district system was put into operation. Many of the clinics are overcrowded, and, while the work of the nurses has been greatly facilitated by the district plan, the work of the doctors at the clinics has been somewhat increased. This calls for an increase in the number of dispensaries having special classes for the treatment of tuberculosis.

During the past year 1,163 patients have been referred to their proper districts among the eight dispensaries now forming the Association, in accordance with this district plan.

At a recent meeting "The Association of Tuberculosis Clinics" was formally organized, for the purpose of promoting co-operation between the tuberculosis dispensaries and to further the development of tuberculosis dispensary work. It is hoped through this association to largely increase the number of special clinics treating tuberculosis and so to reduce the present congested situation in the tuberculosis clinics.

EXTRA-DISPENSARY TREATMENT.

The work that the members of the Committee have performed together has strengthened their belief that for the satisfactory hospital and dispensary treatment of tuberculosis in New York City, there must be brought about a closer co-ordination than now exists between the dispensaries and hospitals and that certain changes in hospital and dispensary methods are essential.

In the segregation of advanced cases and the care of the destitute and needy, in the physical improvement of some patients and in lessons in prevention and cure offered in the daily experience of institutional life, hospitals play an important and necessary part in any scheme for the municipal control of tuberculosis. But there are certain patent defects that must be remedied before these hospitals will do that which it is not unreasonable to expect of them. Over-feeding and fresh air methods are not sufficiently carried out in hospitals, instruction to patients and their visiting friends is many times not thoroughly given, under one roof are often cared for vagrants, vicious, alcoholic and respectable working people, chronic, advanced and early cases. At present we build expensive institutions, we elaborate a costly method for detecting cases that need hospital treatment, public and private energy is expended to induce the consumptive poor to enter hospitals. Too often finding, however, that the hospital is not what he had expected, the patient's one desire is to get away, and this, even though destitute and homeless, he does as soon as possible, taking with him a story of dissatisfaction which spreads among his neighbors. And thus are kept from the hospitals others whom physicians, nurses, inspectors and charity visitors have been urging to leave their homes for the fresh air, the good and abundant food and the rest and quiet of the hospital.

With the dispensaries the case is somewhat analogous—patients are treated, but not as experience and observation show is necessary if results are to be obtained most helpful to patients and satisfactory to clinic physicians. To secure this there are needed, in the first place, salaried dispensary physicians, clerical help and more nurses. The salaries required to attract to this service competent young physicians need not be large. But for

the lack of a medical service that might be obtained at a modest price several dispensaries are now badly crippled and dependent upon the entirely fortuitous circumstance, that they are being served by enthusiasts who are now much overworked and quite unable to give that detailed attention to their patients which in tuberculosis is particularly essential to adequate treatment. To the young practitioner in search of a livelihood the examination and diagnosis of tuberculosis after a very few months seems of comparatively little practical value and he abandons it for the study of more widely varied types and for a service that does not carry with it such feared possibility of infection.

And further, between hospitals and dispensaries there is not now that amount of co-operation that is desirable and might be had without much added effort or expense. Dispensary cases do not enter hospitals with any dispensary report, and each case must, therefore, be taken up by the hospital physicians without the help that such reports might furnish. On the other hand, cases are discharged from hospitals and left to report to dispensaries, or not, as they may choose, no especial effort being made to secure the continuance at dispensaries of medical supervision carried out at hospitals, and no report of observations made at hospitals is given to patients to aid the clinic physician in diagnosis and recommendation as to treatment.

CONCLUSIONS.

I. Home Relief in Advanced Cases Dangerous Substitute for Isolation in Hospital.—As a general rule, subject to but few exceptions, so far as the Committee's experience is concerned, applicants for charitable aid because of tuberculosis have the disease in such marked form, that the main consideration, from a medical point of view, is one of preventing them from infecting the other members of their households. The attempt at cure or arrest of the disease is not infrequently further greatly complicated by the ignorance, bad habits and the poverty of the applicants. The Committee is therefore strongly of the opinion that in New York City relief in the homes of consumptives in a far advanced stage, is from the medical point of view for the most part an unsatisfactory and dangerous substi-

tute for the isolation provided by the hospitals. But it is one thing to advise a patient to go to a hospital, it is quite another to get him there. Often he will not believe he is sick enough for a hospital, or if he has not been able to live comfortably he wants at least to die in peace with his family around him. Often the going means that none are left at home to "mind the children" or that the home will be broken up.

We strongly urge the importance of gradually overcoming those natural objections by persistent effort. Of foremost necessity is the improvement in the care and comfort afforded such patients in the various hospitals devoted to their use, and the erection of an additional number of such hospitals.

II. Home Relief Inevitable.—Home relief and home treatment are inevitable in the solution of New York City's tuberculosis problem. Avoid it by better things as often as we can, we must at last face the constantly recurring problem of "home relief of consumptives." Is it a problem impossible of solution? Yes, in an overwhelming and appalling majority of cases, if by relief is meant cure and given only the means and methods now available. It is time that this be realized and acknowledged, that there are over 30,000 tuberculous persons in the New York City tenements, the most of whom will never see the inside of a hospital, though a smaller, yet still large number, will enter the hospitals only to die there, and that such treatment as the great army of sufferers is to receive is to be given in the New York City tenements.

The selection of cases suitable for home relief should be made very carefully after combined medical and social investigation. When once such relief is determined upon it is necessary for any permanent effect in these cases that it should not merely be adequate to relieve want, but that it should be abundant enough to make the patient gradually recover his lost strength and thus overcome his disease. And furthermore, such relief must be continued over a long period of time. It is especially important that patients returning home from sanatoria with their disease apparently cured or arrested, should be given every necessary aid to secure favorable environment or employment in order to guard against relapse.

III. Cure in the Tenement Most Difficult.—The cure of tuberculosis in a New York City tenement is far more difficult to accomplish than it is under any other conditions. We have only to compare the treatment given in the best sanatoria with the best treatment that is possible in the tenements to demonstrate the fact. The sanatorium provides for its patients, day and night, an abundance of air—good, fresh, bracing air; food is given of the best quality and in large quantities, and milk and eggs between meals is usually added. Freedom from work is an essential part of the treatment, even many times to the extent of complete rest and the avoidance of the slightest exercise; the patient is carefully watched from day to day by a physician and every little idiosyncrasy of the patient, mental as well as physical, is observed in suiting the treatment to his various and changing needs. Life is made easy and comfortable for him, and every attempt is made to banish worry from his mind. Even with such treatment success can be the outcome only if the sick man was not too sick when he entered the sanatorium and even then only if he has the will to get well and the intelligence to do his part during the institutional training. And if worries are present while he is "taking the cure," and if he must go back into his old manner of life, even of this carefully selected and carefully treated group, the number is few of those who will eventually retain the modicum of health they have fought hard and bitterly to regain.

The mere statement of what are regarded as essentials for such success as the sanatoria can show is sufficiently convincing for those who know the New York City tenement and its life. Air really fresh; food, good and abundant; freedom from work and worry; constant medical oversight; intelligence and ability to co-operate with the physician; and then suitable employment when the cure shall have been effected and an income therefrom sufficient to provide the air and food necessary if a relapse is not to be after all the final outcome of the long, hard struggle, where are these to be found by the crowded and constantly more crowded New York City tenement dweller? The problem, though difficult, is not altogether impossible, and already we may see glimpses of hope for the future. It is very gratifying to note that despite the unfavorable conditions under which

we labor in New York City more than 50 per cent. of the cases which the Committee treated in their homes during the past year improved. Three were apparently cured, and in seventeen cases the disease was arrested. This is at least an earnest of what might be accomplished if the treatment might be continued over a longer period of time. Undoubtedly patients can be cured in the City of New York, by patient and persistent care under proper medical supervision.

IV. Day Camp Valuable in Solution of Tuberculosis Problem.—If our short experience this summer in connection with our day camp is of value and if the results as presented bear any significance, and if, as we believe, the home treatment of great numbers is necessary, then we are forced to admit that the day camp or day sanatorium must in the future play an important part in treating the tuberculous thousands of New York, who must or will remain at home. It is evident from our experience of last summer that many patients would attend day camps if they were located in positions which could be easily reached.

We would recommend, therefore, the establishment of a number of day camps, accessible to the various tenement sections of the city with provision in connection therewith for careful home treatment and adequate relief for needy cases, under care of one or more of the special tuberculosis clinics.

V. Country Care of Consumptives.—Our experience with the care of 70 patients in the country confirms more strongly the opinion that this method of treatment is neither safe nor satisfactory as a general practice. It is very difficult to keep any careful and adequate supervision of persons thus sent out and as a rule those who are dependent upon charitable organizations cannot be relied upon to observe the proper and necessary precautions when once they have tasted the freedom of country life. Liberty with these persons too frequently leads to indulgence and has a bad result. Although every possible precaution was taken in instructing the patients and supplying them with the proper means of disposing of their sputum, numbers of complaints were received from the boarding-houses where the patients were sent.

We, therefore, urge that the greatest precautions be observed in recommending or advising the use of this popular method of treating tuberculous patients. While the fresh air of the country is splendid for any sufferer from lung diseases, it is not the best course of treatment when medical and other supervision is wanting or inadequate. It seems to us that the only instances in which it is safe or desirable to pursue this method of treatment are arrested or early stage cases who have been thoroughly trained through a long period of time and who can be relied upon to observe the precautions necessary to prevent the infection of those with whom they live, and in whom proper care of their own health has become a fixed habit.

VI. Church Classes.—The principle of "giving a large amount of attention to a small number of patients" has been best exemplified in the church tuberculosis classes. The results obtained by this method have been excellent and undoubtedly excel those obtained by the larger dispensaries even with the present district plan. This Committee wishes, however, to emphasize its belief that such classes are necessarily very limited in their sphere of usefulness and offer no solution of the great problem of the home care of the whole mass of tuberculous poor, unless they should be willing to take charge of a definitely defined district or unless they should be run in connection with one of the tuberculosis dispensaries. We believe by the establishment of more and more special dispensaries and the subsequent division of the city into small districts, that eventually quite as good results can be obtained by the dispensary as by the church class. The underlying principle of class work could even now be very easily carried out by special workers, voluntary or otherwise, devoting their time to a special group of patients in any dispensary.

VII. The Evolution of the Dispensary District Plan.—Bearing in mind as we do the infectious nature of tuberculosis and what few resources the tenement house dweller has for successfully overcoming all the many disadvantages under which he labors in fighting this "disease of the tenements," we lay especial stress upon the extension and perfection of the dispensary system of which the foundations have already been laid; and

this despite the fact that the members of this Committee as chiefs of the associated tuberculosis clinics are only too conscious of the meagre results obtained and obtainable in endeavoring to effect permanent cures at dispensaries. It is believed, however, that the dispensary in charge of a district ever growing smaller as new dispensaries undertake this work, with its visiting nurse making more and more frequent inspections of the home conditions of the patients, with examinations made compulsory of all members of a household in which a case of tuberculosis shall be registered, with employers and employees co-operating with the dispensaries to secure competent and early examinations of the greatest possible number of employees, with school and health authorities working for the thorough examination of school children, it is believed that along these lines will be found the greatest promise of satisfactory results in the treatment of tuberculosis in the New York City tenement. Thus will be detected early cases among those whose labor is of a character favorable to the contracting of tuberculosis, whose homes are unsanitary and further endangered by the presence of tuberculosis, and who badly nourished and badly housed now too often work too long in badly ventilated shops until tuberculosis claims them as its victims.

A dispensary system thus examining and advising where experience tells tuberculosis will be found, will cure because it will detect cases in time to send them away to city hospitals and country sanatoria, and it will prevent because it will so carefully instruct its patients and so diligently keep watch and ward over its neighborhood that infection will not be spread broadcast as now it is by careless consumptives and those ignorant that they have consumption. That this is not to be accomplished at once is recognized, that it will cost is admitted, but that it is to the dispensary that appeal must be made to find the curable and guide the incurable, we insist. Thus will the 30,000 sources of infection in this city be brought under control and prevented from carelessly spreading their disease. While the diverse forces that are working for prevention are slowly accomplishing their results the dispensary system will be holding out a promise of cure to the sick and a hope of safety to the healthy.

VIII. Educational and Preventive Measures.—We believe that every energy and much more than is now used must be bent toward the prevention of this preventable disease. The solution of the tuberculosis problem lies here, rather than in the cure of those who are now suffering with the disease. We recommend, therefore, the continuance and development of the educational agencies already at work, together with such new methods as may from time to time become expedient; and the legislative control of such recognized causes of contagion as spitting in public places, dry sweeping of streets, use of dark rooms in tenements for sleeping purposes.

IX. Examination of Families.—Of first importance in preventing the spread of contagion is the careful supervision of the homes of consumptives. Probably the persons most exposed to contagion from tuberculosis are those who are constantly associated with persons suffering from the disease and under conditions which for persons with strong constitutions are not propitious. These conditions undoubtedly prevail to a very considerable extent in thousands of tenement homes in New York City. Something should be done not alone to educate the consumptive and those associated with him, but to discover in the early stage those who are infected with the disease and then by careful instruction and persistent watching either effect a cure, or at least prevent the persons from becoming careless sources of infection. No preventive measure is so valuable as the proper protection against the source of infection. We recommend, therefore, that upon the first discovery of tuberculosis in the home, whether by private physician or public dispensary, every member of the household should be immediately examined and carefully instructed as to precautions necessary to prevent or cure the disease. A beginning along these lines has been made by the establishment of the children's clinics.

X. Co-Operation.—Too much cannot be said of the results accomplished during our past two years' work in the establishment of co-operative relationship between the several tuberculosis clinics and between these clinics and the social workers. The mutual education has been exceedingly valuable. The difficul-

ties confronting social workers have been brought very clearly and forcibly to the attention of the clinic physicians and on the other hand the problem of medical treatment at public dispensaries has been newly impressed upon those engaged in the solution of the social problem. This more accurate understanding of their respective problems has brought these two essential forces into very sympathetic relationship and has established the basis for a common standard in the management of dependent families, whose main cause of dependence is tuberculosis.

Reviewing the work of the Committee, which has extended over a period of 20 months, and summing up the results of its efforts, we believe that we have made the following contributions to the solution of the tuberculosis problem:

1. A demonstration of the methods of relief necessary for proper HOME TREATMENT, together with a comparative study of the results obtained and expenses entailed by this and other methods of treatment.

2. The establishment of a DISPENSARY DISTRICT system looking forward to the ultimate dispensary control of tuberculosis.

3. The demonstration of the feasibility of the use of the DAY CAMP in connection with home treatment of tuberculosis in New York City.

4. A careful study of the actual value that can be attached to the ordinary country care of consumptives.

5. The establishment of CO-OPERATIVE RELATIONSHIP between the tuberculosis clinics and social workers.

JAMES ALEX. MILLER, M. D., *Chairman.*

R. A. FRASER, M. D.
JAMES C. GREENWAY, M. D.
S. F. HALLOCK, M. D.
J. H. HUDDLESTON, M. D.
WALTER L. NILES, M. D.
HENRY S. PATTERSON, M. D.
W. F. PERSONS,
HENRY L. SHIVELY, M. D.
A. M. SHRADY, M. D.
B. H. WATERS, M. D.
GAYLORD S. WHITE,
PAUL KENNADAY, *Secretary.*

FRANK H. MANN, *Asst. Secretary.*

TUBERCULOSIS RELIEF FUND.

Receipts and Disbursements.

February 28 to September 30, 1906.

Receipts.

Contributions:		
Robt. S. Brewster	$2,500.00	
Andrew Carnegie	1,000.00	
Harvey E. Fisk	500.00	
Edward S. Harkness	5,000.00	
John S. Huyler	500.00	
V. Everit Macy	1,000.00	
John D. Rockefeller	7,500.00	
Grant B. Schley	2,500.00	
		20,500.00
William R. Woods		10.00
St. George's Society		8.00
Refunds		70.80
Unexpended balances		162.08
Interest		423.57
		$21,174.45

Disbursements.

Administration Expenses:		
Salaries	$705.40	
Printing and stationery	47.60	
Petty expenses	156.37	
		$909.37
Relief:		
Transportation	404.35	
Food	1,967.04	
Clothing	426.49	
Furniture, etc.	193.45	
Medical supervision and supplies	522.72	
Nurse's salary and expenses	187.81	
Care in sanatoria	657.91	
Country board	3,909.58	
House cleaning	206.13	
Wage loss	750.98	
Miscellaneous	88.24	
		$10,996.61
		$11,905.98
Loan for expenses of Committee on the Prevention of Tuberculosis		1,000.00
Balance on hand September 30, 1906		8,268.47
		$21,174.45

I have examined this account with vouchers and find same correct.

(Signed) Frederick C. Manvel, *Auditor.*

Certified Public Accountant of the State of New York.

TUBERCULOSIS RELIEF FUND.

Receipts and Disbursements.

October 1, 1906 to November 30, 1907.

Receipts.

Balance on hand October 1, 1906			$8,268.47
Contributions:			
Brewster, Robert S.	$2,542.22		
Harkness, Edward S.	1,000.00		
Macy, V. Everit	1,000.00		
		4,542.22	
Special contributions to Day Camp		1,210.15	
Interest on bank balances		136.20	
Return of Loan from C. P. T., General		1,000.00	
Refunds		168.23	
Transfers:			
From Provident Relief Fund	3,844.00		
From C. P. T., General	2,421.15	6,265.15	13,321.95
			$21,590.42

Disbursements.

Administration:			
Salaries and wages	2,840.76		
Furniture and fittings	90.00		
Sundry	263.85		
		3,194.61	
Relief:			
Rent	4,382.55		
Furniture	334.84		
Medicine	89.22		
Clothing	984.61		
Food	4,210.95		
Board	1,630.64		
Transportation	410.28		
Sanatorium	278.04		
Wage loss	1,487.78		
Miscellaneous	190.91		
Washing	52.44		
Pensions and grants	1,553.34		
		15,605.60	

Day Camp.

Equipment:				
Supplies	$515.82			
Wages	51.56			
		567.38		
Maintenance:				
Supplies	474.50			
Medical supplies	32.51			
Wages	806.13			
Contingent	25.00			
Milk and eggs	686.19			
Washing	16.75			
Carfares	181.75	2,222.83	2,790.21	
				$21,590.42

We have audited the receipts and disbursements of the Tuberculosis Relief Fund of the Charity Organization Society of the City of New York for the period ended November 30, 1907, and

We Hereby Certify that the foregoing statement is correct.

(Signed) Haskins & Sells,
Certified Public Accountants.

New York, February 21, 1908.